

No. W 45240		Due no later than Dec 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		ERIC L OLSEN 201 E CENTER POCATELLO ID 83204			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SOUTHEAST IDAHO ORTHODONTICS, PLLC ERIC D. JOHNSON 625 E. ALAMEDA RD POCATELLO ID 83201					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DR ERIC D. JOHNSON	625 E ALAMEDA RD	POCATELLO	ID	USA	83201	
MANAGER	JEFF MCMINN	625 E. ALAMEDA RD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 45240		Signature: Jeff McMinn			Date: 10/21/2013		
		Name (type or print): Jeff McMinn			Title: Manager		
Processed 10/21/2013		* Electronically provided signatures are accepted as original signatures.					